2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# P93000064428

Entity Name: AMERX HEALTH CARE CORP.

Current Principal Place of Business:

1300 S. HIGHLAND AVENUE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1300 S. HIGHLAND AVENUE
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3201771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, JAMES B
1300 S. HIGHLAND AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: ANDERSON, JAMES B
Address: 4277 AUSTON WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: DCEO ( ) Delete
Name: REGINA W ANDERSON,
Address: 2350 NE COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change ( ) Addition
Name: ANDERSON, REGINA W CEO
Address: 2350 NE COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

Title: PD ( ) Change (X) Addition
Name: ANDERSON, JUSTICE W P
Address: 1643 ALLENS RIDGE DR N
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B ANDERSON VP 03/28/2007

Electronic Signature of Signing Officer or Director Date